

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11						
12						
13	1					
14						
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16						
17						
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20						
21	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	10	↔	↔	↔		
TOTAL CLAIMS	14					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								